

Adder (L. A.)

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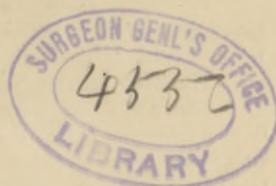


Adler (L.H.)

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PRESBYTERIAN HOSPITAL.

REPORT OF A CASE OF A DISSECTING ANEURISM OF THE AORTA—RUPTURE AND DEATH.

[Service of DE FOREST WILLARD, M.D.]

THE patient, a colored man, aged 64, unmarried, and a laborer, occupied at Dobson's carpet mills, this city, was admitted to the wards of the Presbyterian Hospital with the following history: On the day previous to admission, April 8, 1884, a bale of carpet, weighing about 300 pounds, fell from a height (distance not stated), striking him upon the shoulder; in the effort made to retain his balance he sustained a severe strain of the back and chest. On admission to hospital he complained of pain and soreness over thorax and small of back. Attempts at motion aggravated the pain, which was constant in character, even when patient was lying quietly. The bowels were moved naturally several times. An examination of the urine showed a normal condition of the excretion. No paralysis or other evidence of spinal injury present. No cough was noted. The treatment was purely symptomatic: morphine for the pain, a stimulating liniment for the sprained muscles and absolute rest. The evening temperature was $100\frac{1}{2}^{\circ}$. (The character and rate of the pulse are not recorded in the notes.)

April 10, 1884. Patient's appetite is good, and he feels easier than yesterday. In the latter part of afternoon he complained of a severe paroxysmal pain about and below the region of the umbilicus. The abdomen was somewhat distended and tympanitic; a carminative was therefore administered. From this time on, until 10 o'clock in the evening, he was apparently resting quietly. At this latter hour he suddenly arose, jumped out of bed, placed his hand over the region of the heart, and with an exclamation of pain sank on the floor. Two minutes later he was dead.

The autopsy, held eighteen hours after death, revealed the following facts:

Rigor mortis marked; muscular system well developed, and subject generally well nourished.

Upon opening the thorax the right pleural cavity was found to be completely filled with a straw-colored pleuritic effusion of a rather thick consistency. Covering this lung and forming a perfect sac for the fluid was a thick layer of dense, fibrous, closely-adherent

lymph, from one to two lines thick, and so tough that it could not be readily torn by the fingers. The upper lobe of the lung was crepitant but pressed closely up under the clavicle, and, as a consequence, was much diminished in size. The middle and lower lobes were flattened against the spinal column and ribs and were bound down under the lymph-sac, much in the same way that the kidneys are fastened beneath the peritoneum, only more tightly. The lobes of this viscus were nowhere over half an inch in thickness, and were absolutely impervious to air. Upon section of this portion of the lung it was found to be tough and sank readily in water. There was nothing like a pneumonic condition present.

An examination of the left pleura revealed its cavity filled with a currant-jelly clot and blood-serum, the lung being squeezed into the upper part of the thorax. The lung tissue was not adherent, save in one small spot, and its structures were otherwise entirely normal.

The heart was slightly hypertrophied, but the valves were normal.

The aorta was normal in size and condition until below the arch. Just below the descending portion of the arch was an atheromatous spot, and immediately beneath this was found a transverse fissure on the outer side of the vessel, nearly half an inch long, extending through the middle and inner coats of the artery. The outer coat or adventitia had been dissected from the muscular layer for about half its circumference, and for a distance of at least five inches below the diaphragm. At this latter point the artery was torn in the dissection. There was no evidence of another opening readmitting the blood to the aorta. About an inch below the opening through the two inner coats was a large rent in the adventitia, through which the blood had entered the pleural cavity. At this point the adventitia seemed somewhat distended, but only slightly so below it.

The other organs of the body were normal.

The history of this case seems to indicate that the direct cause of the aneurism was the severe strain sustained at the time of injury, and indirectly the weakened condition of the aorta, as shown by the atheromatous changes noted in the coats of the vessel.

The features of this case worthy of special note are:

- (1) The length of time lived after the injury.
- (2) The character of the aneurism, its diffuse nature, involving not only the thoracic, but also the abdominal aorta.
- (3) Its causation, indirectly an injury, producing sufficient strain upon a vessel already weakened by disease.
- (4) Its termination by rupture into the left pleura.
- (5) The fact that but one opening was found in the aorta communicating with the aneurismal sac.
- (6) The condition of the lung and pleura of the right side of chest.

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